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"Leaders in Early Childhood Education"

The School Of Dance

CHILD'S REGISTRATION APPLICATION

Date of Application _____ Date of Birth _____

Child's Name _____ Sex _____

Address _____
(Street) (City) (State) (Zip)

Start Date _____ End Date _____

Registration fee: \$40.00 Per Family Tuition Rate: \$65.00 per month

Class Assignment: Jr. Company (PreSchool) Thursday 4pm-5pm _____

Sr. Company (PreK & up) Tuesday 4pm -5pm _____

NEW CLIENTS ONLY

How long has the student studied dance? _____ Where? _____

WHERE TO REACH PARENT

Father's Name _____ Mother's Name _____

Home Address _____

Cell Phone _____ Cell Phone _____

Home Phone _____

Father's Occupation _____ Mother's Occupation _____

Place of Business _____ Place of Business _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

**PERSONS AUTHORIZED TO PICK UP CHILD AND/OR
CONTACT IN CASE OF EMERGENCY IF NEITHER PARENT IS
AVAILABLE:**

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Phone _____ Phone _____

Child's Doctor

Address _____ Phone _____

CUSTODIAL INFORMATION

If a non-custodial parent is not included among those persons authorized by the Custodial parent to pick up the child please explain below and attach a copy of the Appropriate documents. (COURT ORDER)

Fees & Payments

Full payment is due at the beginning of the first class of each month. Enrollment is limited. The Registration fee is a one time fee. Placement in class is not guaranteed unless you are paid in full. All payments are non-refundable and non-transferable. There will be a \$5.00 late fee charged weekly for any remaining outstanding balances.

Absence

There are no refunds or credits issued due to personal scheduling conflicts, illness, etc.

Cancellation Policy

In the event of a breach or cancellation of this contract for any reason, the initial payment shall be paid to The School of Dance at Home Away From Home Academy as liquidated damages. Both parties agree that using the initial payment for liquidated damages is reasonable in light of the anticipated or actual harm caused by any cancellation or breach of this agreement, the difficulty of proof of loss, and the inconvenience or non-feasibility of otherwise obtaining an adequate remedy. In addition we reserve the right to cancel or combine classes with insufficient enrollment and to change the time, day, and instructor when necessary. In these instances, refunds will be issued. Refunds will not be issued for cancellations due to any unforeseen emergency circumstances or disasters.

Waiver

I waive any liability against The School of Dance at Home Away From Home Academy or any of its subsidiary companies, on behalf of my child, for any personal injury, illness, or loss of property while participating in any activity or any class offered by the school. In the event that a medical emergency occurs I authorize The School of Dance Home Away From Home Academy to seek emergency medical care for my child as deemed necessary by the Director.

In addition, I give permission for my child to be photographed/video taped during the program. I understand that the photographs will be used by The School of Dance at Home Away From Home Academy for the purpose of publicizing and promoting the school's programs and services. Furthermore compensation will not be expected.

I fully understand and accept the terms and conditions of this agreement. I will be responsible for all charges/payments for this account.

Signature of parent/legal guardian _____

Date _____